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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/527,333			Filing Date 03/08/2005		To be Mailed
APPLICATION AS FILED - PART I  (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY												
Н	FOR		UMBER FIL		NUMBER EXTRA		٦	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		min	us 20 = *	,		١	x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		,		ı	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			due See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(J))							ı			1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTIT				
AMENDMENT	01/21/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESE LY EXTR		ı	RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* <b>4</b> 9	Minus	** 69	= 0		ı	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0		ı	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))						ı					
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						I			OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESE LY EXTR			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	**	=		ı	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		١	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))						١			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  " IDNNA D. SMALLS LOGAN/												
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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